SPECIAL DESIGNATED LICENSE APPLICATION 662, 663, 664 Police City Attorney DATE: 8/15/05 Bureau of Fire Prevention Return by: 8/25/05 Health Department CATERER: NON-CATERER: X APPLICANT: THE ALLEY, 1029 M STREET ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE: IMMEDIATELY ADJACENT TO ALREADY LICENSED BEER GARDEN, 1029 M STREET DATE (S) & TIME(S) OF EVENT : **SEPTEMBER 3, 10, 17; OCTOBER 1, 8, 29; NOV. 12 2005; 8AM TO** 12:59 PM EACH DATE DETAILS ON ATTACHED APPLICATION. RECOMMENDATION OF APPROVAL OR DENIAL APPROVED CONDITIONS Approved 9/3/05 EVENT - REMAINDER PENCLING DENIED REASON(S) FOR _____

(If needed, use back for additional space)

REPORT TO CITY CLERK

658, 659,660, 661,

PUBLIC HEARING BEFORE COUNCIL: 8/29/05 (SDLRPT JER)

Signature

* THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL $\underline{\text{OUTDOOR EVENTS}}$ *

SPECIAL DESIGNATED LICENSE APPLICATION SUPPLEMENTAL FORM

658, 659, 660, 661, 662, 663, icensed premise. 664

The Special Designated License process is not intended to be used as a means to	o expand the existing licensed premise. 66
Name of Event: Hysker Football bame	
Applicant and Sponsoring Organization or Person (if applicable):	BAR, 1029 mst
Date of Event: $9/3 - 9/10 - 9/17 - 10/1 - 10/8 - 10/29 - 11/12$ Time of Event:	8:00 AM - 12:59 AM
Has the applicant applied for and received liquor liability insurance?	□ Yes □ No
Number of persons expected to attend: Number of persons u	ander 21 expected:
Is the event open to the public?	Yes
How will you ensure that minors will not be served or consume beverages containing alo	
Will food be served?	r Yes □ No
If yes, please list food to be served: Pizza Sax	
Will non-alcoholic beverages be served: If yes, please list non-alcoholic beverages to be served:	₽Yes □ No
Please identify the beverages containing alcohol that will be served:	Beer □ Distilled Spirits
Will this be a cash or complimentary bar?	Cash Complimentary
Who will serve the beverages containing alcohol? employees over	21
Have the designated servers received responsible beverage service training?	res □ No
Will there be a charge for admission?	Tres 200
In the last 12 months, have you received notice of a liquor law violation that occurred d designated licensee?	uring an event at which you were the special Yes BNo
If so, explain:	
Applicant's Signature	8/12/05 / Date

THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL <u>OUTDOOR EVENTS</u>

SUPPLEMENTAL FORM FOR SITE PLAN INFORMATION

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1.	Number of Entry & Exit Points & Dimensions: 3 (height & width) (32 x 7 FT)
2.	Size & location of tent(s):
3.	Size of area being used:
4.	Location & type of cooking equipment (if used) Pizza oven
5.	Location of tables & chairs:
6.	Height & type of fencing to be used: (height)
	- 50 AT -

Submit to: <u>City Clerk's Office</u> 555 S. 10th Street, Lincoln, NE 68508 (402) 441-7436

PLEASE TYPE OR PRINT: APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

	All Applications must be received in the City Clerk's Office 21 CALENDAR DAYS PRIOR to the date of the event (the day of the event, is not counted)
	Complete and return the <u>ORIGINAL</u> and <u>THREE COPIES</u> to the City Clerk's Office <u>FEES</u> : If applicant does not have a liquor caterer's license, then a license fee of \$40 is due (per day) and made anything.
	the Nebraska Liquor Control Commission and a license fee of \$80 is due (per day) payable to the City of Lincoln TWO SEPARATE CHECKS
	INDOOR EVENTS for Special Designated Licenses are approved by the City Clark
	OUTDOOR EVENTS for Special Designated Licenses may require City Council approval. Applicant is required to attend a public hearing if Council approval is required
	a paono nearing il Council approvai is required
1.	Type of Beverage(s) to be served:
	- Sisting Spirits
$\overline{2}$.	Name and Full Address of Applicant: Lincoln No. 68563 License number and Close T.
	City, State, County, Zip) License number and Class (Example C/K)
3.	Address or location of premises to be covered by license: (City, County, Zip Code)
	029 M. ST. / Moln Ne 168563
4.	Is this PREMISE currently licensed under the Nebraska Liquor Control Act?
5.	Name and Address of the owner or lessee and name of principal occupant of the premises for which the license is requested.
11	24 m. ST. Loncoln Ne 68503
_	Please list the name and telephone number of the primary event supervisor of the primary event supervisor.
	the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on Page 2.
	Toshua Hauert 402-484-0711
7.	Date(s) of Event: (If a Sunday, sales are limited to 12 noon to 1am the following Monday)
	List Alternate Date or Location in the Event of Bad Weather: 9 - 3-05
8.	Time(s) of Event: (Example 8am to 1am, is considered one day)
	FROM: 8 A.m. TO: 12:59 4-m.
9.	Describe the Type of Activity to be carried on during the time period for which the license is requested.
	Huster Football Game
10.	Provide an Estimated Number of Attendees at this Event
	separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.
1	
1.	List the Number of SDL's that you have applied for at this specific location in the last six months

	Description of the Premises: Inside Buil	ding Outdo	or Area	→ □ Attach Cit	ty Supplemental Form
	Dimensions of the area (in feet) to be covered by li the area where liquors will be sold and consumed.	cense: SO x (Length)	20 (Width)	Please draw in t	he space provided below
		Area to ad	3		
	If outdoor area, how will premises be separated from If marked Fence, please describe the type: If marked Other, please explain:	m areas open to the ge	neral publi	c? Fence	Tent □ Other
	Outdoor Events require the City Supplemental Form	n to be attached.			
13.	Is the premises to be covered by the license located	within the city limits?		ΘÝ	es □ No
14.	Is the premises to be covered by the license within persons or for veterans, their wives or children?	150 feet of any church	, school, he	ospital, or home for	
15.	Is the premises to be covered by the license within 3	300 feet of any univers	ity or colle	ege campus? Ye	es •No
16.	Explain how alcoholic liquors will be purchased by license number.	the licensee. If purcha	sed from a	retail licensee, plea	ase give the name and
17.	Will the premises to be covered by the license comp	ly with all Nebraska s	anitation la	aws?	es 🗆 No
18.	A 4			G/Ye	/
10.	Are there separate toilets for both men and women?			T3v 1 6	es □ No
	Will there be any games of change operating during Notice: Only games of change approved by the Dep forms of gambling are prohibited by State Law: The application for a Special Designated License under	the event? partment of Revenue, ore are no exceptions f	or Non-Pro	Gaming Division ar	es TNO e permitted. All other
19.	Will there be any games of change operating during Notice: Only games of change approved by the Depforms of gambling are prohibited by State Law: The application for a Special Designated License under I declare that I am the authorized representative of tapplication are true to the best of my knowledge and records of every kind including police records. I agree Control Commission, the Nebraska State Patrol or are Commission or the Nebraska State Patrol. I further digroup, organization or corporation for profit and that of this Special Designated License.	the event? artment of Revenue, or are no exceptions of the Liquor Control Act the above named licented belief. I also consent the to waive any rights any other individual relectance that the license to the event will be supposed to the event wil	se applican to an investor causes of cassing said applied for ervised by	Gaming Division are offit Organizations. It a gambling permit and that the statent tigation of my back of action against the information to the it will not be used by persons directly res	es PNO ee permitted. All other This is only an application. ments made on this reground including all Nebraska Liquor Liquor Control y any other person, sponsible to the holder
19.	Will there be any games of change operating during Notice: Only games of change approved by the Dep forms of gambling are prohibited by State Law: The application for a Special Designated License under I declare that I am the authorized representative of t application are true to the best of my knowledge and records of every kind including police records. I agre Control Commission, the Nebraska State Patrol or ar Commission or the Nebraska State Patrol. I further d group, organization or corporation for profit and tha	the event? artment of Revenue, or are no exceptions of the Liquor Control Act the above named licented belief. I also consent the to waive any rights any other individual relectance that the license to the event will be supposed to the event wil	se applican to an investor causes of cassing said applied for ervised by	Gaming Division are offit Organizations. It a gambling permit and that the statent tigation of my back of action against the information to the it will not be used by persons directly res	es PNO ee permitted. All other This is only an application. ments made on this reground including all Nebraska Liquor Liquor Control y any other person, sponsible to the holder
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this section, the local governing body shall be the City Clerk of Lincoln,

Nebraska.

In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format, http://www.nol.org/home/NLCC/

10	D			
12.	Description of the Premises: □/Inside Building	g 🗏 Outdoor A	rea \Rightarrow 🗆 Attac	h City Supplemental Form
	Dimensions of the area (in feet) to be covered by licen	nse: 50 x 2	O Please drav	w in the space provided below.
	the area where liquors will be sold and consumed.	(Length) (V	Width)	*
	1996	<u> </u>	5	
		10.00		
	/ · · · · · / A	rea Ada		
	and the second s	Control Contro	0-	
	If outdoor one have '11			
	If outdoor area, how will premises be separated from a If marked Fence, please describe the type:	reas open to the genera	al public? 🖺 Fence	☐ Tent ☐ Other
	If marked Other, please explain:			
	Outdoor Events require the City Supplemental Form to	ha attack d		
13.	Is the premises to be covered by the license located with	thin the city limits?	7.00	■Yes □ No
14.	Is the premises to be covered by the license within 150	foot of one abunch sol	and hamital	C
	persons or for veterans, their wives or children?	ieet of any church, ser	iooi, nospitai, or non	e for the aged or indigent Yes □ No
1.5				103 3110
15.	Is the premises to be covered by the license within 300	feet of any university	or college campus?	□ Yes □No
16.	Explain how alcoholic liquors will be purchased by the	licensee If nurshood	frame a matail line	
	license number.	neensee. If purchased	from a retail licensee	, please give the name and
17	31/11.7			
17.	Will the premises to be covered by the license comply w	with all Nebraska sanit	ation laws?	□ Yes □ No
18.	Are there separate toilets for both men and women?			□Yes □ No
				LIFT CS LINO
19.	Will there be any games of change operating during the	e event?		□ Yes □ No
	Notice: Only games of change approved by the Departitions of gambling are prohibited by State Lawy Thomas	ment of Revenue, Char	itable Gaming Divisi	on are permitted. All other
	forms of gambling are prohibited by State Law: There a application for a Special Designated License under the	Liquor Control Act on	lon-Protit Organizati	ons. This is only an
20.	I declare that I am the authorized representative of the a	above named license at	oplicant and that the	statements made on this
	approaudit are true to the best of my knowledge and hel	let lalso concent to a	n invactiontion of me	Landson 1 1 1 11 11
	records of every kind including police records. I agree to Control Commission, the Nebraska State Patrol or any of Commission or the Nebraska State Patrol or Applications of the Nebraska State Patrol of the Nebraska Sta	o waive any rights or c	auses of action again	st the Nebraska Liquor
	Commission of the Nebraska State Patrol. I hirther decis	are that the license ann	lied for will not be we	and have a second to the second
	group, organization of corporation for profit and that the	c event will be supervi	sed by persons direct	ly responsible to the holder
	of this Special Designated License.		,,	sy responsible to the holder
	Signature J. Hallet	1.100	0.12	ne 0001-0011
	(Authorized Representative/Applicant)	(Title)	(Data)	05 <u>984-07//</u> (Phone)
	1/ 1/11/1	(11116)	(Date)	(Pnone)
	Signature (L. Hallett)	Austral Ma.	and Aim	the Marie of the said of
	Signature // // (Supervisor)	_ CON 4/ Manh	ger 8.13.0	S 984-071/ (Phone)
	(Supervisor)	(Title)	(Date)	(Phone)
he la	w requires that no special designated license provided for	by this section shall b	e issued by the Com	
pprov	al of the local governing body. For the purposes of this s	ection the local cover	المال المالية المالية	Ch. Ct. C. C.

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Nebraska.

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Submit to: <u>City Clerk's Office</u> 555 S. 10th Street, Lincoln, NE 68508 (402) 441-7436

PLEASE TYPE OR PRINT; APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

 □ All Applications must be received in the City Clerk's Office 21 CALENDAR (the day of the event, is not counted) □ Complete and return the ORIGINAL and THREE COPIES to the City Clerk FEES: If applicant does not have a liquor caterer's license, then a license fee of the Nebraska Liquor Control Commission and a license fee of \$80 is due (proceedings) □ TWO SEPARATE CHECKS □ INDOOR EVENTS for Special Designated Licenses are approved by the City OUTDOOR EVENTS for Special Designated Licenses may require City Coura public hearing if Council approval is required 	c's Office of \$40 is due (per day) and made payable to per day) payable to the City of Lincoln Clerk ncil approval. Applicant is required to attend
1. Type of Beverage(s) to be served: ☐ Beer ☐ Wine ☐ Distill	ed Spirits
1029 M. ST 1 1000 M. 68	><62
2. Name and Full Address of Applicant: (City, State, County, Zip)	License number and Class (Example C/K) →
3. Address or location of premises to be covered by license:	
(City, County, Zip Code)	
4. Is this PREMISE currently licensed under the Nebraska Liquor Control Act?	563
4. Is this PREMISE currently licensed under the Nebraska Liquor Control Act?	■Yes □ No
 Name and Address of the owner or lessee and name of principal occupant of the owner or lessee and name of principal occupant of the principal occupant of the primary event supervises. Please list the name and telephone number of the primary event supervises. 	or, who will actually be present at the location of
the event when it occurs, that can be contacted by law enforcement before and ensuring that any applicable laws, ordinances, rules and regulations are adherent	d during the event, and who is responsible for ed to. Supervisor must sign on Page 2.
Toshua Hauert 402-484-6711 7. Date(s) of Event: (If a Sunday, sales are limited to 12 noon to 1am the follow	
Date(s) of Event: (11 a Sunday, sales are limited to 12 noon to 1am the follow	ring Monday)
List Alternate Date or Location in the Event of Bad Weather: 9-17	-05
8. Time(s) of Event: (Example 8am to 1am, is considered one day)	
FROM: 8 A.m. TO: 12:59 a.m.	
Describe the Type of Activity to be carried on during the time period for whi	ch the license is requested.
Huster Football Game	
	If the number of attendees is over 250, attach a ons access to alcoholic beverages.
11. List the Number of SDL's that you have applied for at this specific location	in the last six months .

	Description of the Premises: 5/11	side Building	☐ Outdoo	or Area	→ □ Attach	City Su	ipplemental Form
	Dimensions of the area (in feet) to be cover the area where liquors will be sold and co		(Length)	20 (Width)	Please draw	in the sp	ace provided below
		7		3			
	A part transport of the contract of the contra	JArea	topad /	5	APPENDANCE OF CHARLES		
			Complete Control				
	If outdoor area, how will premises be sep If marked Fence, please describe the type If marked Other, please explain:		open to the ger	neral publi	c? Fence	□ Tent	□ Other
	Outdoor Events require the City Supplem	ental Form to be	attached.				
13.	Is the premises to be covered by the licen	se located within	the city limits?			₽ Yes	□ No
14.	Is the premises to be covered by the licent persons or for veterans, their wives or chi	se within 150 feet ldren?	of any church,	school, ho		e for the a	nged or indigent □ No
15.	Is the premises to be covered by the licens	se within 300 feet	of any univers	ity or colle	ge campus?	□ Yes	₽/No
16.	Explain how alcoholic liquors will be pur- license number.	chased by the lice	ensee. If purcha	sed from a	retail licensee,	, please g	ive the name and
17.	Will the premises to be covered by the lic	ense comply with	all Nebraska s	anitation la	ws?	Yes	□ No
18.	Are there separate toilets for both men and	d women?			[Yes	□ No
							□ NO
19.	Will there be any games of change operate Notice: Only games of change approved by forms of gambling are prohibited by State application for a Special Designated Lice	by the Department Law: There are	t of Revenue, C	or Non-Pro	Gaming Division ofit Organization	ns. This i	THO mitted. All other
19.	Notice: Only games of change approved I forms of gambling are prohibited by State	by the Department Law: There are a character the Liquidative of the above dedge and belief. Ords. I agree to we catrol or any other I further declare to	tof Revenue, Como exceptions for the control Active named license. I also consent aive any rights r individual reletant the license.	t and is not te applican to an investor causes of casing said applied for	Gaming Division of the stand that the stand that the stand that the stand against information to small not be used.	on are per ons. This is crimit applatements background the Neb	mitted. All other is only an lication. made on this and including all oraska Liquor or Control
	Notice: Only games of change approved by State application for a Special Designated Lice. I declare that I am the authorized represer application are true to the best of my known records of every kind including police records of commission, the Nebraska State F. Commission or the Nebraska State Patrol. group, organization or corporation for proof this Special Designated License. Signature	by the Department Law: There are a new under the Liquitative of the above ledge and belief. Ords. I agree to we attrol or any other I further declare a fit and that the experience of the property of the second se	tof Revenue, Como exceptions for the control Active named license. I also consent aive any rights or individual reletant the license cent will be supported to the control of the control	t and is not e applican to an investor causes of cassing said applied for ervised by	Gaming Division of the Control of th	on are per ons. This is cermit applements tatements backgrounds the Neb of the Liquided by any by responsi	mitted. All other is only an lication. made on this and including all braska Liquor or Control other person, sible to the holder
	Notice: Only games of change approved by State application for a Special Designated Lice. I declare that I am the authorized represer application are true to the best of my known records of every kind including police recontrol Commission, the Nebraska State F. Commission or the Nebraska State Patrol. group, organization or corporation for proof this Special Designated License.	by the Department Law: There are a new under the Liquitative of the above ledge and belief. Ords. I agree to we attrol or any other I further declare a fit and that the experience of the property of the second se	tof Revenue, Como exceptions for uor Control Active named licens. I also consent aive any rights individual reletant the license vent will be sup	t and is not te applican to an inves or causes of casing said applied for ervised by	Gaming Division of the Company of a gambling persons directly a gambling persons directly gamble (Date)	on are per ons. This is the control of the control of the Neb of the Liquid of the control of th	mitted. All other is only an lication. made on this and including all oraska Liquor or Control

local governing body. For the purposes of this section, the local governing body shall be the City Clerk of Lincoln,

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PLEASE TYPE OR PRINT; APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

□ All Applications must be received in the City Clerk's Office 21 CALENDAR DAYS PRIOR to the date of the event (the day of the event, is not counted) □ Complete and return the ORIGINAL and THREE COPIES to the City Clerk's Office □ FEES: If applicant does not have a liquor caterer's license, then a license fee of \$40 is due (per day) and made payable to the Nebraska Liquor Control Commission and a license fee of \$80 is due (per day) payable to the City of Lincoln □ TWO SEPARATE CHECKS □ INDOOR EVENTS for Special Designated Licenses are approved by the City Clerk □ OUTDOOR EVENTS for Special Designated Licenses may require City Council approval. Applicant is required to attend a public hearing if Council approval is required
1. Type of Beverage(s) to be served: ☐ Beer ☐ Wine ☐ Distilled Spirits
1029 M. ST Lincoln NC 68503
2. Name and Full Address of Applicant: (City, State, County, Zip) License number and Class (Example C/K) →
3. Address or location of premises to be covered by license:
(City, County, Zip Code)
4. Is this PREMISE currently licensed under the Nebraska Liquor Control Act?
4. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? ☐ Yes ☐ No
5. Name and Address of the owner or lessee and name of principal occupant of the premises for which the license is requested.
6. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on Page 2.
Tacqua Hacett 402-484-0711
To shur Hactert 402-484-6711 7. Date(s) of Event: (If a Sunday, sales are limited to 12 noon to 1am the following Monday)
List Alternate Date or Location in the Event of Bad Weather: 10 - 1 - 05
8. Time(s) of Event: (Example 8am to 1am, is considered one day)
FROM: 8 A.m. TO: 12:59 a.m.
9. Describe the Type of Activity to be carried on during the time period for which the license is requested.
Husker Football Game
10. Provide an Estimated Number of Attendees at this Event If the number of attendees is over 250, attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.
11. List the Number of SDL's that you have applied for at this specific location in the last six months

12.	Description of the Premises: ☐ Inside Building ☐ Outdoor Area → ☐ Attach City Supplemental Form
	Dimensions of the area (in feet) to be covered by license: 50 x 20. Please draw in the space provided below the area where liquors will be sold and consumed. (Length) (Width)
	Area to add s
	If outdoor area, how will premises be separated from areas open to the general public? Fence Tent Other If marked Fence, please describe the type: If marked Other, please explain:
	Outdoor Events require the City Supplemental Form to be attached.
13.	Is the premises to be covered by the license located within the city limits? □ Yes □ No
14.	Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons or for veterans, their wives or children?
15.	Is the premises to be covered by the license within 300 feet of any university or college campus? Yes
16.	Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.
17.	Will the premises to be covered by the license comply with all Nebraska sanitation laws? ☐ Yes ☐ No
18.	Are there separate toilets for both men and women? □ No
19.	Will there be any games of change operating during the event? Notice: Only games of change approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non-Profit Organizations. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.
20.	I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit and that the event will be supervised by persons directly responsible to the holder of this Special Pesignated License.
	Signature /- Mallorized Representative/Applicant) Owner 9-13-05 984-07// (Authorized Representative/Applicant) (Title) (Date) (Phone)
	Signature J. Multiple Supervisor) Out 4/ Manager 8.13-05 984-071/ (Supervisor) (Title) (Date) (Phone)
	(Supervisor) (Title) (Date) (Phone)
The l	aw requires that no special designated license provided for by this section shall be issued by the Commission without the

approval of the local governing body. For the purposes of this section, the local governing body shall be the City Clerk of Lincoln, Nebraska.

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writing to produce the alternate format. http://www.nol.org/home/NLCC/

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FEES: If applicant does not have a liquor caterer's license, then a license fee	of \$40 is due (per day) and made payable to
the Nebraska Liquor Control Commission and a license fee of \$80 is due (
☐ TWO SEPARATE CHECKS	
☐ INDOOR EVENTS for Special Designated Licenses are approved by the Cit	
OUTDOOR EVENTS for Special Designated Licenses may require City Cor a public hearing if Council approval is required	incil approval. Applicant is required to attend
w public housing it coulin approval to required	
1. Type of Beverage(s) to be served: ■ Beer □ Wine □ Distil	1.10.24
1. Type of Beverage(s) to be served:	led Spirits
2. Name and Full Address of Applicant:	3503
2. Name and Full Address of Applicant:	License number and Class
(City, State, County, Zip)	(Example C/K) →
3. Address or location of premises to be covered by license:	
(City, County, Zip Code)	
4. Is this PREMISE currently licensed under the Nebraska Liquor Control Act?	1503
4. Is this PREMISE currently licensed under the Nebraska Liquor Control Act?	Yes □ No
5. Name and Address of the owner or lessee and name of principal occupant of	of the premises for which the license is requested.
	1
1029 M. ST. Loude NC 68503	
6. Please list the name and telephone number of the primary event supervision.	sor who will actually be present at the location of
the event when it occurs, that can be contacted by law enforcement before an	d during the event, and who is responsible for
ensuring that any applicable laws, ordinances, rules and regulations are adher	red to. Supervisor must sign on Page 2.
Town Harris 222 Can man	
7. Date(s) of Event: (If a Sunday, sales are limited to 12 noon to 1am the follow	ving Monday)
7. Baccos of Event. (If a builday, saids are finited to 12 floof to fair the follow	ving Monday)
Yand Aller of Doron Tourist of Name of Doron Inc.	
List Alternate Date or Location in the Event of Bad Weather:	16-8-05
8. Time(s) of Event: (Example 8am to 1am, is considered one day)	-
FROM: 8 A.m. TO: 12:59 A.m.	
9. Describe the Type of Activity to be carried on during the time period for wh	ich the license is requested
4	nor the noether is requested.
Huster Football Game	
10. Provide an Estimated Number of Attendees at this Event 100	. If the number of attendees is over 250, attach a
separate page indicating the steps that will be taken to prevent underage per-	sons access to alcoholic beverages.
11. List the Number of SDL's that you have applied for at this specific location	n in the last six months

12.	Description of the Premises:	e Building	Outdoor Area	→ □ Attach	City Sup	pplemental Form
	Dimensions of the area (in feet) to be covered the area where liquors will be sold and const	od by license: SO (Lengt	x 20 h) (Width)	Please draw	in the spa	ace provided below,
			7 3			
		Area to Ad	0			
	If outdoor area, how will premises be separa If marked Fence, please describe the type: If marked Other, please explain:	ted from areas open to	the general publ	ic? 🖺 Fence	□ Tent	□ Other
	Outdoor Events require the City Supplement	al Form to be attached	I.			
13.	Is the premises to be covered by the license	located within the city	limits?		□ Yes	□ No
14.	Is the premises to be covered by the license persons or for veterans, their wives or children		church, school, h	ospital, or hom	e for the a	ged or indigent □ No
15.	Is the premises to be covered by the license	within 300 feet of any	university or coll	lege campus?	□ Yes	No
16.	Explain how alcoholic liquors will be purchalicense number.	ased by the licensee. If	purchased from	a retail licensee	e, please g	ive the name and
17.	Will the premises to be covered by the licens	se comply with all Net	oraska sanitation	laws?	□ Yes	□ No
18.	Are there separate toilets for both men and v	vomen?	The second secon		Yes	□ No
19.	Will there be any games of change operatin Notice: Only games of change approved by forms of gambling are prohibited by State L application for a Special Designated Licens	the Department of Re- aw: There are no exce	ptions for Non-P	rofit Organizati	ons. This	is only an
20.	I declare that I am the authorized representa application are true to the best of my knowle records of every kind including police record Control Commission, the Nebraska State Patrol. It group, organization or corporation for profit of this Special pesignated at the control of the control	dge and belief. I also dels. I agree to waive any rol or any other individualther declare that the	consent to an inverse or causes dual releasing sai license applied f	estigation of my of action again d information t or will not be u	backgroust the Nebother background the	and including all braska Liquor for Control or other person,
20.	application are true to the best of my knowle records of every kind including police record Control Commission, the Nebraska State Pat Commission or the Nebraska State Patrol. It group, organization or corporation for profit of this Special Designated License. Signature	edge and belief. I also of ds. I agree to waive any order individual that the and that the event will	consent to an inverse yrights or causes dual releasing sai license applied for a supervised by	estigation of my of action agair d information t or will not be u y persons direc	backgrounst the Nebothe Liquid by any the Liquid sed by any the responsi	and including all braska Liquor control or control or other person, sible to the holder
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approval of the local governing body. For the purposes of this section, the local governing body shall be the City Clerk of Lincoln, Nebraska.

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Submit to: <u>City Clerk's Office</u> 555 S. 10th Street, Lincoln, NE 68508 (402) 441-7436

PLEASE TYPE OR PRINT; APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

 □ All Applications must be received in the City Clerk's Office 21 CALENDAR DAYS PRIOR to the date of the event (the day of the event, is not counted) □ Complete and return the ORIGINAL and THREE COPIES to the City Clerk's Office □ FEES: If applicant does not have a liquor caterer's license, then a license fee of \$40 is due (per day) and made payable to the Nebraska Liquor Control Commission and a license fee of \$80 is due (per day) payable to the City of Lincoln □ TWO SEPARATE CHECKS □ INDOOR EVENTS for Special Designated Licenses are approved by the City Clerk □ OUTDOOR EVENTS for Special Designated Licenses may require City Council approval. Applicant is required to attend a public hearing if Council approval is required
1. Type of Beverage(s) to be served: ☐ Beer ☐ Wine Distilled Spirits
1029 M. ST Lincoln Nr 68503
2. Name and Full Address of Applicant: (City, State, County, Zip) License number and Class (Example C/K) →
3. Address or location of premises to be covered by license:
(City, County, Zip Code)
4. Is this PREMISE currently licensed under the Nebraska Liquor Control Act?
5. Name and Address of the owner or lessee and name of principal occupant of the premises for which the license is requested. 1029 M. ST. Loncoln NC 68503
6. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on Page 2.
Toshun Hauert 402-484-0711 7. Date(s) of Event: (If a Sunday, sales are limited to 12 noon to 1am the following Monday)
List Alternate Date or Location in the Event of Bad Weather: 10 - 29 - 05
8. Time(s) of Event: (Example 8am to 1am, is considered one day)
FROM: 8 A.m. TO: 12:59 a.m.
9. Describe the Type of Activity to be carried on during the time period for which the license is requested.
Huster Football Game
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12.	Description of the Premises:	☑ Inside Building	Outdoor Ar	ea → □ Attac	h City Su	pplemental Form			
	Dimensions of the area (in feet) t the area where liquors will be sol	w in the space provided below,							
		Are	a todd	R CT					
	If outdoor area, how will premises be separated from areas open to the general public?								
	Outdoor Events require the City Supplemental Form to be attached.								
13.	Is the premises to be covered by t	he license located within	the city limits?		□ Yes	□ No			
14.	Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons or for veterans, their wives or children?								
15.	Is the premises to be covered by t	he license within 300 fee	et of any university of	r college campus?	□ Yes	No			
16.	Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.								
17.	Will the premises to be covered b	y the license comply wit	h all Nebraska sanita	ation laws?	Wes	□ No			
18.	Are there separate toilets for both	men and women?			Yes	□ No			
19.	Will there be any games of change operating during the event? Notice: Only games of change approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non-Profit Organizations. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.								
20.	application are true to the best of my knowledge and belief. I also consent to an investigation of my background including records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Lique Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other per group, organization or corporation for profit and that the event will be supervised by persons directly responsible to the of this Special Designated License.								
	Signature /- / (Authorized Repres	sentative/Applicant)	OWNER	<u> 4-13-</u> (Date)	05 0	984-07//			
	1 dellato	······································		(Date)					
	Signature (Superv	isor)	(Title)	(Date))	(Phone)			
The la	he law requires that no special designated license provided for by this section shall be issued by the Commission without the								

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the City Clerk of Lincoln, Nebraska.

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1.	Type of Beverage(s) to be served:							
	Name and Full Address of Applicant: License number and Class							
2.	Name and Full Address of Applicant: License number and Class							
	(City, State, County, Zip) (Example C/K) \rightarrow							
3.	Address or location of premises to be covered by license:							
	(City, County, Zip Code)							
	020 1.0563							
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5.	Name and Address of the owner or lessee and name of principal occupant of the premises for which the license is requested.							
- /	DZG an CT. Imiala NC 60000							
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12.	Description of the Premises: Inside Building	Outdoor Area	→ □ Attach C	ity Supplemental Form			
	Dimensions of the area (in feet) to be covered by license: 50 x 20. Please draw in the space provided betthe area where liquors will be sold and consumed. (Length) (Width)						
	Are	a todd o					
	If outdoor area, how will premises be separated from area If marked Fence, please describe the type: If marked Other, please explain:	s open to the general p	ublic? Fence	Tent □ Other			
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13.	Is the premises to be covered by the license located within	the city limits?	D/	Yes □ No			
14.	Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons or for veterans, their wives or children?						
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20.	I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.						
	group, organization or corporation for profit and that the e	vent will be supervised	by persons directly re	esponsible to the holder			
	group, organization or corporation for profit and that the e of this Special Designated License. Signature	vent will be supervised	by persons directly re	esponsible to the holder			
	group, organization or corporation for profit and that the e of this Special Designated License. Signature (Authorized Representative/Applicant)	vent will be supervised OWNEY (Title)	by persons directly re $\frac{g-/3-0}{\text{(Date)}}$	sponsible to the holder (Phone)			
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